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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/500,159	11/09/2004	Giuseppe Passoni	2503-1104	7402
466 YOUNG & TH	7590 07/02/200 OMPSON	8	EXAM	INER
209 Madison St		MAEWALL, SNIGDHA		
Suite 500 ALEXANDRIA, VA 22314			ART UNIT	PAPER NUMBER
			1612	
			MAIL DATE	DELIVERY MODE
			07/02/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/500,159	PASSONI ET AL.	
Interview Summary	Examiner	Art Unit	
	Snigdha Maewall	1612	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Snigdha Maewall</u> .	(3)		
(2) <u>Benoit Castel</u> .	(4)		
Date of Interview: 01 July 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	²)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: A phone call was placed mailed in reply to Office Action mailed on 09/28/07. The Att mailed.  (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no contained allowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW CONTAINS OF THE SUBSTANCE OF THE SUB	to Attorney Benoit Castel to observe the examiner of the examiner of the examiner agony of the amendments that will.)  CTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	theck if the response that no response reed would render the sould render the sould seen filed, APP of DAYS FROM TWHICHEVER IS	er the claims claims  OF THE LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)